



ALL INFORMATION ON THIS FORM IS REQUIRED. INCOMPLETE REQUESTS WILL BE FAXED BACK.

MONTEFIORE CMO PRE-AUTHORIZATION REQUEST			
<input type="checkbox"/> ROUTINE REQUEST		<input type="checkbox"/> URGENT REQUEST	
<input type="checkbox"/> INPATIENT		<input type="checkbox"/> OUTPATIENT	
DATE OF SERVICE (DOS):			
MEMBER INFORMATION			
MEMBER NAME:			
MEMBER DATE OF BIRTH (DOB):			
MEMBER HEALTH PLAN ID:			
REQUESTING/REFERRING PROVIDER		RENDERING/REFER TO PROVIDER	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
PROVIDER ID:		PROVIDER ID:	
PROVIDER PHONE:		PROVIDER PHONE:	
TAX ID:		TAX ID:	
NPI ID:		NPI ID:	
REQUESTED SERVICE(S)			
DIAGNOSIS (DX) CODE(S)		PROCEDURE (CPT) CODE(S)	
Dx:	Dx:	CPT:	CPT:
Dx:	Dx:	CPT:	CPT:
Is This Service Related To: <input type="checkbox"/> Work Related Injury? <input type="checkbox"/> Auto Accident?			
PLEASE ATTACH ALL RELEVANT CLINICAL INFORMATION			

SUBMIT YOUR REQUEST ELECTRONICALLY WITH EPIC TAPESTRY LINK

Pre-Authorization requests must be submitted through Epic Tapestry Link, the electronic portal that has replaced Post N Track.

To register for Epic Tapestry Link access, contact CMO Quality & Network Management by phone 914-377-4477 or email CMOTapestryLink@montefiore.org